FILED

May 17, 2002 8:00 am Secretary of State

05-17-2002 90010 039 ***150 00

2002 UNIFORM BUSINESS REPORT (UBR)

P97000089828

DOCUMENT #

TWINKLES, INC.

1. Entity Name

Principal Place of Business

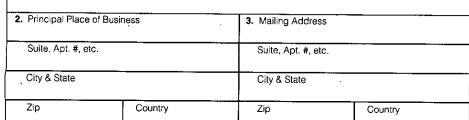
613 COLORADO AVENUE

STUART FL 34994

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STUART FL 34994

Mailing Address





DO NOT WRITE IN THIS SPACE

65-0794722

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CLINGAN, DIANE L 5178 SW ORCHID BAY DRIVE PALM CITY FL 34990

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

City

(NOTE: Registered Agent signature required when reinstating)

Name

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME CLINGAN, DIANE L NAME 5178 S.W. Orchid Bay Drive STREET ADDRESS 1108 S.W. LYNWOOD LANE STREET ADDRESS CITY-ST-ZIP PALM CITY FL 34990 CITY-ST-ZIP Palm City, FL. 34990 TITLE ☐ Delete TITLE ☐ Addition Change NAME COLLER, CHRISTINE L NAME STREET ADDRESS 3554 S.W. CANOE PLACE STREET ADDRESS CITY-ST-7IP PALM CITY FL 34990 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

Delete

Change

☐ Addition